North Carolina Medical Board
Physician Assistant Advisory Council (PAAC)
September 16, 2015

Diane Meelheim, FNP-BC, Chairperson, Bryant A. Murphy, MD and Ralph A. Walker, LLB

1. Introductions

   a. Welcome guests.

2. Old Business

   None.

3. New Business

   a. PAs in post graduate programs and their licenses. M. Katz to discuss.

   b. PA terminology, collaborative vs. supervisory terms. AAPA's recent adoption of a new model state practice policy. M. Katz to discuss.

   c. Record Retention Rule for PAs. Should "A record of the PA and physician meetings are required to be maintained for a minimum of three years" be added to 21 NCAC 32S.0213? NPs have a five year Rule. M. Jimison to discuss.

   d. NCMB Position Statement – Physician Supervision of Other Licensed Health Care Practitioners. The NCMB Policy Committee will be reviewing this and it will be on the September, 2015 Policy Committee Agenda. There is no further information to share at this time.

4. Next PAAC Meeting Date

   a. Tentative date of March 2016. For information only.

21 NCAC 32S .0213 PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

(a) A physician wishing to serve as a primary supervising physician shall exercise supervision of the physician assistant in accordance with rules adopted by the Board.

(b) A physician assistant may perform medical acts, tasks, or functions only under the supervision of a physician. Supervision shall be continuous but, except as otherwise provided in the rules of this Subchapter, shall not be construed as requiring the physical presence of the supervising physician at the time and place that the services are rendered.

(c) Each team of physician(s) and physician assistant(s) shall ensure:

(1) the physician assistant's scope of practice is identified;

(2) delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the physician assistant's level of competence;

(3) the relationship of, and access to, each supervising physician is defined; and

(4) a process for evaluation of the physician assistant's performance is established.

(d) Each supervising physician and physician assistant shall sign a statement, as defined in Rule .0201(9) of this Subchapter, that describes the supervisory arrangements in all settings. The physician assistant shall maintain written prescribing instructions at each site. This statement shall be kept on file at all practice sites, and shall be available upon request by the Board.

(e) A primary supervising physician and a physician assistant in a new practice arrangement shall meet monthly for the first six months to discuss practice relevant clinical issues and quality improvement measures. Thereafter, the primary supervising physician and the physician assistant shall meet at least once every six months. A written record of these meetings shall be signed and dated by both the supervising physician and the physician assistant, and shall be available upon request by the Board. The written record shall include a description of the relevant clinical issues discussed and the quality improvement measures taken.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;

Eff. September 1, 2009;

Amended Eff. May 1, 2015.

Physician supervision of other licensed health care practitioners

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The physician who provides medical supervision of other licensed health care practitioners is expected to provide adequate oversight. The physician must always maintain the ultimate responsibility to assure that high quality care is provided to every patient. In discharging that responsibility, the physician should exercise the appropriate amount of supervision over a licensed healthcare practitioner which will ensure the maintenance of quality medical care and patient safety in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board. What constitutes an "appropriate amount of supervision" will depend on a variety of factors. Those factors include, but are not limited to:

- The number of supervisees under a physician's supervision
- The geographical distance between the supervising physician and the supervisee
- The supervisee's practice setting
- The medical specialty of the supervising physician and the supervisee
- The level of training of the supervisee
- The experience of the supervisee
- The frequency, quality and type of ongoing education of the supervisee
- The amount of time the supervising physician and the supervisee have worked together
- The quality of the written collaborative practice agreement, supervisory arrangement, protocol or other written guidelines intended for the guidance of the supervisee
- The supervisee's scope of practice consistent with the supervisee's education, national certification and/or collaborative practice agreement